

Registration District No. 1791

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St.
(b) City or town St. Louis
(c) Name of hospital or institution: Howard St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 65 years (Specify whether years, months or days)
In this community

3. (a) PRINT FULL NAME Otto J. Leiding

3. (b) If veteran, name war. 3. (c) Social Security No. 49816-7950

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced. Widowed

6. (b) Name of husband or wife late Elizabeth Leiding 6. (c) Age of husband or wife if alive years

7. Birth date of deceased April 24 1876
(Month) (Day) (Year)

8. AGE: Years 65 Months 3 Days 7 If less than one day hr. min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Clerk

11. Industry or business Grocers

12. Name Frederick Leiding

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Hoff

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J. Stiens

(b) Address 3507a St. Louis Ave.

17. (a) Burial (b) Date thereof 8-4-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Hy. Leidner Und. Co.

(b) Address 2223 St. Louis Ave.

19. (a) AUG - 2 1941
(Date received by local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town 3507a St. Louis Ave.
(If outside city or town limits, write "RURAL")
(d) Street No. 3507a St. Louis Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31st
year 1941 hour 8:35 minute A M.

21. I hereby certify that I attended the deceased from 19 to 19

that I last saw him alive on 19 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Chronic Nephritis

Due to Chronic Nephritis

Due to Chronic Nephritis

Other conditions 121

(Include pregnancy within 3 months of death)

Major findings: Of operations 121

Of autopsy 121

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (a) Means of injury

23. Signature Thomas F. Callahan (M. D. or other)

Address Deputy Coroner Date signed 8/2/41

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.